

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10-595252</div>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
201		①						
202		①						
203	1		1					
204		1						
205		1						
206		3						
207		①						
208		①						
209	1		1					
210		1						
211		2						
212	1		1					
213		1						
214		2						
215	1		1					
216		1						
217		2						
218		2						
219		2						
220		①						
221		①						
222		①						
223	1		1					
224		1						
225		1						
226		1						
227		2						
228		①						
229		①						
230	1		1					
231		1						
232		2						
233		①						
234	1		1					
235		1						
236		2						
237		①						
238		①						
239		①						
240								
241								
242								
243								
244								
245								
246								
247								
248								
249								
250								
TOTAL IND.	17	↓	17	↓		↓		
TOTAL DEP.		←	222	←		←		
TOTAL CLAIMS			239					
151								
152								
153								
154								
155								
156								
157								
158								
159								
160								
161								
162								
163								
164								
165								
166								
167								
168								
169								
170								
171								
172								
173								
174								
175								
176								
177								
178								
179								
180								
181								
182								
183								
184								
185								
186								
187								
188								
189								
190								
191								
192								
193								
194								
195								
196								
197								
198								
199								
200								
TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10595252

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		0		1		
102		0		1		
103		0		1		
104		0		1		
105	1		1			
106	1		1	1		
107		2		1		
108		2		1		
109		0		1		
110		0		1		
111		0		1		
112		0		1		
113		0		1		
114		0		1		
115		0		1		
116		0		1		
117		0		1		
118		0		1		
119		0		1		
120		0		1		
121		0		1		
122		0		1		
123		0		1		
124	1		1			
125		1		1		
126		2		1		
127		2		1		
128		0		1		
129		0		1		
130		0		1		
131		0		1		
132		0		1		
133		0		1		
134		0		1		
135		0		1		
136		0		1		
137		0		1		
138		0		1		
139		0		1		
140		0		1		
141		0		1		
142		0		1		
143	1		1			
144		1		1		
145		1		1		
146		1		1		
147		4		1		
148		4		1		
149		4		1		
150		4		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151		4		1		
152		0		1		
153		0		1		
154		0		1		
155		0		1		
156		0		1		
157		0		1		
158		0		1		
159		0		1		
160		0		1		
161		0		1		
162		0		1		
163		0		1		
164		0		1		
165		0		1		
166		0		1		
167		0		1		
168		0		1		
169		0		1		
170	1		1			
171		1		1		
172		1		1		
173		1		1		
174		4		1		
175		4		1		
176		4		1		
177		4		1		
178		4		1		
179		0		1		
180		0		1		
181		0		1		
182		0		1		
183		0		1		
184		0		1		
185		0		1		
186		0		1		
187		0		1		
188		0		1		
189		0		1		
190		0		1		
191		0		1		
192		0		1		
193		0		1		
194		0		1		
195		0		1		
196		0		1		
197	1		1			
198		1		1		
199		1		1		
200		3		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-595,252

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		3				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20	1		1			
21		1				
22		1				
23		3				
24		0				
25		0				
26		0				
27		0				
28		0				
29		0				
30		0				
31		0				
32		0				
33		0				
34		0				
35		0				
36	1					
37		1				
38		1				
39		2				
40		0				
41		0				
42		0				
43		0				
44		0				
45		0				
46		0				
47		0				
48		0				
49		0				
50		0				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		1		
52		0		1		
53		0		1		
54	1		1			
55		1				
56		1				
57		2				
58		0				
59		0				
60		0				
61		0				
62		0				
63		0				
64		0				
65		0				
66		0				
67		0				
68		0				
69	1		1			
70		1		1		
71		2				
72		2				
73		0				
74		0				
75		0				
76		0				
77		0				
78		0				
79		0				
80		0				
81		0				
82		0				
83		0				
84		0				
85		0				
86		0				
87	1		1			
88		1				
89		2				
90		2				
91		0				
92		0				
93		0				
94		0				
95		0				
96		0				
97		0				
98		0				
99		0				
100		0				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						